Current Location: Waupun Correctional Institution NW K - K19 L

ICCR204 Wisconsin Department of Corrections Bureau of Classification and Movement	INMATE CLASSIFICATION REPORT Re-Classification	PAGE 4		
Name	DOC#	Hearing Date		
LEE, CHONG	439266	06/07/2022		

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Date Eve	ent	X X			Result								SBN
Not	Applic	able											
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County Jail					*			* *					
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Adjustment Commer	ıts												<u>r es</u>
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Mental Health Class MH-1 - Mental Health Need				ctivity ight A	Level ctivity		Onsite HSU		20 Ro	utine or Ch	ronic		
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Exhibit

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DEPARTMENT OF CORRECTIONSDivision of Adult Institutions
DOC-643 (Rev. 4/2015)

INTERVIEW/INFORMATION REQUEST SOLICITUD PARA INFORMACION / ENTREVISTA

Instruction to Inmate: Do not use this form	to contact health staff. Use	a Health, Dental or Psychol	logical Se	ervice Request.
OFFENDER NAME NOMBRE DEL/LA OFENSOR(A)		DOC NUMBER		LIVING UNIT
O L		NUMERO DEL/LA OFENSOR	R(A)	UNIDAD DE VIVIENDA
Chong Lee		439210		NW H. T-47
DATE		WORK ASSIGNMENT		
		ASIGNACION DE TRABAJO		
2-3-22		IN-UNASSLAN	ED	
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,	0620-WCG Filed 0	Depart 7/07/22 Page 2 of 3	tment Dep	partamento

TO: A: NUMBER: NUMERO: UNIT: UNIDAD de VIVIENDA: DATE: FECHA:	Chong Lee 439266 NWCH J-47 2-3-22	
	FOLD <i>DOBLE</i>	
ESCARGO DE RESPONSABILIDAD (Disclaim	er)	
ocumento reconocido sera la versión en inglés.	en inglés, distribuído como una cortesía a las personas que no pueden leer inglés. Si n n-language on this document provided as a courtesy to those not fluent in English. If d	
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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-643 (Rev. 4/2015)		WISCONSIN
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TO: A: DEPARTMENT: DEPARTAMENTO:	1 tropert Co	
DATE FECHA		

For Confidentiality Use Either Staple/Scotch Tape or an Envelope Por Confidencialidad Engranpe o use Cinta Scotch o un Sobre Department of Adult Institutions DOC-401 (Rev. 04/18)

WISCONSIN

Administrative Code Chapter DOC 310

ICE REPORT **COMPLAINT NUMBER WCI-2022-2798** * * * ICRS CONFIDENTIAL * * *

To: LEE, CHONG - #439266 UNIT: NW- K -- K19- L

WAUPUN CORRECTIONAL INSTITUTION

PO Box 351

WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged: 02/14/2022 Inmate Contacted? No

Date Complaint Received:

:02/14/2022

Subject of Complaint:

7 - Personal Property

Document(s) Relied Upon:

DOC 310

property slips:

receipts

Brief Summary:

:Claims property is missing after his TLU

Summary of Facts:

TM Inmate complains that property was missing after his TLU and that the

publications that are listed as not his are his.

According to the TLU packing slip the inmate did not have his footlocker locked. The WCI Rules & Information Handbook states, in relevant part, "Footlockers." must be placed under the bed (or bottom bunk). You are responsible for securing your personal property in your footlocker, using your state-issued padlock. Your padlock must be on your footlocker in the locked position at all times." Page 17 of the Handbook states, "Upon your transfer to WCI, you are lissued a handbook, a problem-solving guide, and a padlock. You are responsible for all these items. Should any of them be damaged, you will be held responsible for replacement costs. You should keep all valuable items in Lyour footlocker. The institution will not be held responsible for items not properly secured (i.e., utilizing the padlock and locking the hasp with it) in your footlocker." Inmate Lee did not have the property he claims is missing secured in his footlocker, contrary to institution rules. I have no evidence that conclusively shows that the missing items were in the inmate's room when he was removed and his property packed. Inmates are responsible to keep property secured. This did not occur. The items in question could have been lost, stolen, given away, sold, or otherwise disposed of while in the inmate's possession. DOC 309.20 governs personal property and, in relevant part, states "(3)(g) Loss or damage to property caused by another inmate is not the responsibility of the institution."

As for the publications without his name or number, the WCI handbook and policy requires the inmate to place his name and number in his publications. He did not do so. The inmate supplied this office with a receipt for a couple of the publications. He will need to supply the Property Department with the receipts

Exhibit

Department of Adult Institutions DOC-401 (Rev. 04/18) WISCONSIN

Administrative Code Chapter DOC 310

ICE REPORT COMPLAINT NUMBER WCI-2022-2798 * * * ICRS CONFIDENTIAL * * *

he has for his publications. Once he verifies with them that they are his then he will be responsible to put his name and number in them. If they are taken in the future and he does not have his name and number in them he will not be given the same opportunity. The publications he does not have receipts for will need to be disposed of. Recommendation is for dismissal with the above modification.

Dismissal of the complaint is recommended based upon the above information.

ICE Recommendation:

:Dismissed

Recommendation Date:

03/01/2022

T. Moon - Institution Complaint Examiner

DEPARTMENT OF CORRECTIONS

Division of Adult Institutions DOC-3035 (Rev. 2/2019)

HEALTH SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

Adm. Code Ch. DOC 316

é NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ← PRINT LAST NAME PRINT FIRST NAME DOC NUMBER hono 99 39266 **FACILITY NAME** HOUSING UNIT COPAYMENT DISBURSEMENT REQUEST SECTION AGREEMENT BY PATIENT: I understand the following: • The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required I will not be denied care if I am unable to pay the copayment. By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required. Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required. PATIENT SIGNATURE TO BE COMPLETED BY HSU ONLY ■ MEDICAL (Nurse, Doctor/NP/PA) DENTAL OPTICAL Charge Copayment: Yes No **AUTHORIZED STAFF SIGNATURE** DATE OF SERVICE TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received. ☑ HEALTH SERVICES ☐ HEALTH CARE RECORD REVIEW COPIES FROM HEALTH CARE RECORD (List records below) PSYCHIATRIST ☐ INFORMATION OTHER: Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately. DATE RECEIVED: TO BE STAMPED BY HSU FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL. PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY HSU RESPONSE Check appropriate box below. Add written comments / information as needed. Nursing Sick Call: Today Date (if not today): Scheduled to be seen in HSU: ACP RN/LPN Special Needs Evaluation Optic Refer HSR to: ACP HSU Manager Psychiatrist MPAA Optical Refer for copies only Refer for He Educational material attached (Specify): Other: COMMENTS / INFORMATION PRINT STAFF NAME DATE OF HSU RESPONSE

Department of Adult Institutions DOC-401 (Rev. 04/18)

WISCONSIN Administrative Code Chapter DOC 310

ICE REPORT **COMPLAINT NUMBER WCI-2022-198** * * * ICRS CONFIDENTIAL * * *

To: LEE, CHONG - #439266 UNIT: NW- J -- J47- L

WAUPUN CORRECTIONAL INSTITUTION

PO Box 351

WAUPUN, WI 53963-0351

Com	plaint	Inform	ation:
	~ I C I I I I		MUVIII.

Date Complaint Acknowledged: 01/04/2022 Inmate Contacted? No

Date Complaint Received:

:01/04/2022

Subject of Complaint:

4 - Medical

Document(s) Relied Upon:

DOC 310

HSU record

Brief Summary:

Complains HSU is doing nothing for his Covid

Summary of Facts:

TM Complains that HSU is only the doing the minimal such as taking vital

signs for his Covid

HSM Weinman was contacted and the inmate was quarantied on 12/29/21 and "Saw provider 1-20-22. New orders received. He was seen frequently by Inursing during covid infection. No medicine available to make covid stop at this

time either at WCI or in the public."

The ICE brings no particular expertise to the task of evaluating any diagnosis and course of treatment initiated by medical professionals. No determination can be made with respect to the claims in the complaint, as it is arguably beyond my authority. It does not appear his health care concerns are being ignored. Through the ICRS process, the matter will be reviewed by the Health

Services Nursing Coordinator.

ICE Recommendation:

:Dismissed

Recommendation Date:

02/03/2022

T. Moon - Institution Complaint Examiner